



## REQUEST FOR ARIZONA GED RECORDS

**Arizona Department of Education**  
**State GED Office**  
**Mailing Address**  
1535 West Jefferson Street, Bin #VIR  
Phoenix, Arizona 85007  
Phone (602) 254-0265 or (602) 258-2410  
[phxged@ade.az.gov](mailto:phxged@ade.az.gov)

**Physical Location**  
333 East Virginia Avenue, Suite 208  
Phoenix, Arizona  
(1 Light South of Thomas on 3<sup>rd</sup> Street)

- **Transcript Fee: \$10.00 per transcript** (money order or cashiers check only, no checks, cash or credit card)
- **Duplicate Requests:** A separate form must be filled out for multiple requests.
- **Faxes:** The GED Office will not accept faxed requests AND will not send the results through fax. All requests (received and sent) will only be sent through mail.
- **Initial Test Results:** Please contact the center where the test was taken for initial test results.

### SECTION I: STUDENT INFORMATION-Please Type or Print Clearly

Last Name	First Name	Middle Name/Initial
Social Security Number	Date of Birth (Month/Day/Year) / /	Name the Test Was Taken Under
Home Mailing Address	City, State, Zip Code	Contact Phone Number
Location and Name of Testing Center		Date Test Was Completed (Month/Year) / Not Complete <input type="checkbox"/>
Certification: I hereby certify that, to the best of my knowledge, the information provided is true and complete. <b>APPLICANT SIGNATURE</b> (Required by Student Privacy Act)		Signature Date

### SECTION II: RECORDS TO BE SENT-Please Type or Print Clearly

Receiving Party Name (Agency, Educational Institution, Individual)		Attention
Mailing Address	City, State	Zip Code

### SECTION III: GED OFFICE USE ONLY-Do Not Write Below This Area

Request Received	Request Processed	Processed By
<input type="checkbox"/> Transcript Processed		<input type="checkbox"/> NOF Letter Processed
Payment Number	Returned Payment to Requestor	
NOTES		